

WORKPLACE VIOLENCE INCIDENT REPORT**ATTACHMENT B**OFFICE OF HUMAN RESOURCES
(REV. 1/2008)**REPORTED BY:**

| | | | |
|------------------|-----------------|-----------------------------|------|
| NAME: | DATE: / / | CLASSIFICATION: | |
| DIVISION/OFFICE: | PHONE: () - | RELATIONSHIP TO RESPONDENT: | |
| ADDRESS: | CITY: | STATE: | ZIP: |

INCIDENT INITIATED BY:

| | | | |
|------------------|-----------------|------------------------------|------|
| NAME: | CLASSIFICATION: | | |
| DIVISION/OFFICE: | PHONE: () - | RELATIONSHIP TO COMPLAINANT: | |
| ADDRESS: | CITY: | STATE: | ZIP: |

INCIDENT DIRECTED AT:

| | | | |
|------------------|-----------------|-----------------------------|------|
| NAME: | CLASSIFICATION: | | |
| DIVISION/OFFICE: | PHONE: () - | RELATIONSHIP TO RESPONDENT: | |
| ADDRESS: | CITY: | STATE: | ZIP: |

NATURE OF INCIDENT (CHECK ALL THAT APPLY):

- INTIMIDATION or HARASSMENT
 CONDITIONAL THREAT (*If-Then*)
 DIRECT THREAT (*I Will...*)
 ACT OF VIOLENCE WITH PROPERTY DAMAGE
 WRITTEN THREAT (*Email-Letter-Posting*)
 ACT OF VIOLENCE WITH INJURY
 OTHER:

INCIDENT LOCATION & DESCRIPTION:

| | | | |
|-----------|---|-----------|------|
| DATE: / / | TIME: : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | LOCATION: | |
| ADDRESS: | CITY: | STATE: | ZIP: |

INCIDENT DESCRIPTION (Include specific behavior—what was said, what was done and sequence of events):

WORKPLACE VIOLENCE INCIDENT REPORT

ATTACHMENT B

OFFICE OF HUMAN RESOURCES
(REV. 1/2008)

ASSOCIATED INDIVIDUALS (CHECK ALL THAT APPLY):

| | | | |
|----------------------------------|----------------------------------|-------|-----------------|
| <input type="checkbox"/> WITNESS | <input type="checkbox"/> INJURED | NAME: | CLASSIFICATION: |
| <input type="checkbox"/> WITNESS | <input type="checkbox"/> INJURED | NAME: | CLASSIFICATION: |
| <input type="checkbox"/> WITNESS | <input type="checkbox"/> INJURED | NAME: | CLASSIFICATION: |
| <input type="checkbox"/> WITNESS | <input type="checkbox"/> INJURED | NAME: | CLASSIFICATION: |
| <input type="checkbox"/> WITNESS | <input type="checkbox"/> INJURED | NAME: | CLASSIFICATION: |
| <input type="checkbox"/> WITNESS | <input type="checkbox"/> INJURED | NAME: | CLASSIFICATION: |

LAW ENFORCEMENT AGENCIES (IF APPLICABLE):

| | |
|---------|--------------|
| AGENCY: | CASE NUMBER: |
| AGENCY: | CASE NUMBER: |

POST INCIDENT ACTIONS:

SUPERVISORY ACTIONS TO DATE:

| | | | |
|---------------------------------------|-------|------------------------|----------------------|
| <input type="checkbox"/> ATO REQUIRED | NAME: | ATO START DATE: / / | ATO END DATE: / / |
| <input type="checkbox"/> ATO REQUIRED | NAME: | ATO START DATE: / / | ATO END DATE: / / |

REASON FOR ATO:

MANAGEMENT UNIT RECOMMENDATION FOR REMEDY:

OFFICE OF HUMAN RESOURCES USE ONLY

| | | |
|---|---------------------|------------------------|
| FILE STATUS: <input type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED | DATE CLOSED: / / | REMEDY: |
| <input type="checkbox"/> INVESTIGATION | INVESTIGATED BY: | DATE OPENED: / / |
| | | DATE COMPLETED: / / |

CHRONOLOGY: